

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

877

1. PLACE OF DEATH *Wickalb.*  
 County *Franklin* Registration District No. *4161* File No. ....  
 Township *Union Star* Primary Registration District No. *262* Registered No. ....  
 City *Union Star* (No. ....) St. .... Ward) .....

2. FULL NAME *William Vestal Redding*  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If non-resident give city or town and State)  
 Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Susan Mary Redding*  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 12, 1851*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
*77 8 26*  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *Grocer*  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) *Warrington*  
 (STATE OR COUNTRY) *Mob.*  
 10. NAME OF FATHER *James Redding*  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown*  
 (STATE OR COUNTRY) *No Carolina*  
 12. MAIDEN NAME OF MOTHER *Lucinda Felt*  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Unknown*  
 (STATE OR COUNTRY) *Unknown*

14. INFORMANT *Curtis Redding*  
 (Address) *Union Star Mo.*  
 15. FILED *1/8 28* 1928 *E. M. Reynolds*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 8, 1929*  
 17. I HEREBY CERTIFY That I attended deceased from *Jan 1, 1928* to *Jan 8, 1928* that I last saw him alive on *Jan 8, 1928*, and that death occurred, on the date stated above, at *11 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Angina Pectoris*  
*99* (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 CONTRIBUTORY *Arteriosclerosis*  
 (SECONDARY) (duration) *10* yrs. \_\_\_\_ mos. \_\_\_\_ ds.

18. WHERE WAS DISEASE CONTACTED  
 IF NOT PLACE OF BIRTH *89*  
 DID AN OPERATION PRECEDE DEATH? DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? *E. M. Reynolds, M. D.*  
 (Signed) (Address) *Union Star Mo.*  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Union Star County* DATE OF BURIAL *Jan 10 1929*  
 20. UNDERTAKER *J. F. Wilson* ADDRESS *Union City Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 1924  
 32  
 6  
 1  
 65  
 2  
 31

